Statement of Organization
Recipient Committee

Statement Type:
- Initial
- Amendment
- Termination – See Part 5

Not yet qualified ☐ or

2/6/14
Date qualified as committee
1/1
Date qualified as committee
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Lauren Meister for West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)
337 Westbourne Drive

CITY
West Hollywood
STATE
CA
ZIP CODE
90048
AREA CODE/PHONE
310-659-3379

MAILING ADDRESS (IF DIFFERENT)

FAX/E-MAIL ADDRESS
lauren@meister4weho.com

COUNTY OF DOMICILE
Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE
West Hollywood, CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Elyse Eisenberg

STREET ADDRESS (NO P.O. BOX)
1230 Horn Avenue, #526

CITY
West Hollywood
STATE
CA
ZIP CODE
90069
AREA CODE/PHONE
310-657-6190

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/6/2014 by [Signature]

Date

Executed on 2/6/2014 by [Signature]

Date

Executed on [Date] by [Signature]

Executed on [Date] by [Signature]

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